

Guidelines for Child Care Facilities to Reopen or Continue Care

updated: March 2, 2022

Core strategies (required for all in-person learning/care situations)

- ☐ Promote vaccination of all staff and eligible children
 - Strongly encourage families, including extended family members with frequent contact with children to be up-to-date with COVID-19 vaccines.
 - Up-to-date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.
 - Strongly encourage visitors to the school to be up-to-date with COVID-19 vaccines
- ☐ Stay home if sick and go home if sick at the child care facility or home.
 - Consider screening testing for all staff who are not up-to-date with their COVID-19 vaccines
- ☐ Correct and consistent masking
 - When indoors: Must be worn correctly and consistently by all children in care (2 years and older) and staff at all times
 - The only exception is for eating, drinking, and nap time
 - When outdoors: Do not need to be worn in most outdoor settings when in “Ohana bubble” or cohorts. Masks should be worn in crowded outdoor settings or during activities that involve sustained close contact with people outside of the Ohana bubble or cohort.
 - Children should be taught proper mask wearing:
 - Cover both mouth and nose
 - Children and staff should be reminded not to touch masks and wash their hands/use hand sanitizer frequently
 - Face shields can be used in conjunction with masks, but **not in place of**, as they only provide eye protection and there is lack of evidence for their effectiveness
- ☐ Hand hygiene
 - Teach and reinforce handwashing with soap and water for at least 20 seconds
 - Hand sanitizer containing 60% alcohol can be used if soap and water not readily available

Cleaning and Sanitizing

- ☐ Prior to reopening, complete a thorough and detailed cleaning of entire facility, with focus on high-contact areas that would be touched by both employees and children (e.g., desks, equipment, toys, outdoor play structures).
- ☐ Make hand sanitizer readily available to adults throughout the facility and securely stored out of reach of children.
- ☐ Frequent hand washing is preferred over hand sanitizers for children but use hand sanitizers when water is not readily available. Use of hand sanitizer must be monitored by an adult/staff member to ensure children do not swallow alcohol.
- ☐ Require staff to frequently sanitize high-touch surfaces and shared resources (e.g., door handles, light switches, etc.).
- ☐ Conduct extra deep cleaning of tables, chairs, etc. daily after hours with [EPA-registered disinfectant products](#).
- ☐ Clean and sanitize restrooms and diaper changing areas regularly based on frequency of use (e.g., throughout day).
- ☐ Between staggered meal times or indoor play times, wipe down and disinfect tables.
- ☐ [Per CDC guidelines](#), conduct normal routine cleaning of outdoor areas. Disinfect daily high-touch outdoor surfaces (e.g., handles).
- ☐ Avoid use of items that are not easily cleaned, sanitized, or disinfected (e.g., plush toys, sand

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table, water table). Playdough and similar materials should be kept in separate bags labeled for each child's use. If using plush toys for infants, toys shall be used by only one child and must be laundered and dried before next usage.

- ☐ Close off areas used by any person exhibiting COVID-19 symptoms and do not use them until they have been cleaned. Wait at least 24 hours or as long as possible before cleaning and disinfecting to reduce risk to individuals cleaning the area.
- ☐ Ensure safe and correct application of disinfectants and keep disinfectant products away from children and stored in a secured area.
- ☐ Keep each child's belongings separated during the day in individually labeled storage containers, cubbies, or areas. Consider having families take home their children's belongings each day to be cleaned.
- ☐ Have bins to separate toys that have been handled by children for disinfecting before their next use.
- ☐ Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single child) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.

Physical Distancing

- ☐ Create child care groups in accordance with the child care rules based on the child's age.
- ☐ Child care groups or Ohana bubbles should include the same children each day with the same child care providers. Limit cross-deployment of staff across facilities and centers.
- ☐ Keep child care groups distanced by using separate facility areas, room dividers, multiple rooms, etc.
- ☐ Implement delayed or staggered schedules for time spent outdoors and for any communal spaces.
- ☐ Schedule staggered meal times to reduce exposure in large areas and limit the number of children per table.
- ☐ Implement staggered arrival and pick up times, have child care staff meet families/children outside the facility as they arrive, or take other measures to minimize contact with visitors (e.g. limiting number of families into the facility at a time, waiting families are separated by six-foot distances, etc.)
- ☐ Space out seating and cribs/cots/mats for nap time (head-to-toe positioning) to six feet apart, if possible (given space limitations) and as appropriate for the children's ages.
- ☐ Cancel large group and communal activities, such as facility-wide events, field trips, and parades.
- ☐ Minimize activities that require close contact (e.g., circle time), sharing of materials, and waiting in line.
- ☐ Advise employees, children and parents to avoid spending unnecessary time at facility and classroom before or after care is needed.
- ☐ If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of food and utensils.
- ☐ Serve meals in classrooms instead. Have staff put each child's meal on a plate, to limit the use of shared serving utensils.

Health and Safety

- ☐ Conduct daily temperature checks and visual well checks for all children, staff and visitors upon entrance to the facility. Keep a log of temperature checks. CDC considers a person to have a fever when measured temperature is at least 100.4°F.
- ☐ Implement health check screenings (e.g., temperature checks and symptom screening) safely and respectfully, with measures in place to ensure confidentiality as well as in

accordance with any applicable privacy laws or regulations. Follow [CDC Guidance for Screening Children upon arrival](#)

- ☐ All employees must wear face masks at all times when indoors. Face shields may also be worn in conjunction with face masks. Only exception is when eating. When outdoors, masks may not be required when in assigned Ohana bubble or cohort. Masks should be worn in crowded outdoor settings or during activities that involve sustained close contact with people outside of the Ohana bubble or cohort.
- ☐ All visitors (including parents) must wear masks when on site, including drop-off and pick-up of their children, and practice six-foot distancing from others who are not their children.
- ☐ A caregiver at a family child care home does not need to wear a face mask if he/she is the only adult caring for the children.
- ☐ Children 2 years and older who can safely and reliably wear, remove, and handle the masks following CDC guidance throughout the day, shall wear masks while indoors.
- ☐ Per CDC guidelines, children under 2 and anyone with trouble breathing should **not** wear a cloth face covering.
- ☐ Masks should not be worn by children while they are sleeping.
- ☐ Visitors and volunteers should be limited to individuals required to perform a professional service or function (e.g., speech therapists, health providers, Child Welfare Services workers, licensing) and follow the requirements for wearing masks and face shields while practicing six-foot distancing if not required to provide direct services to children in care.
- ☐ Train all employees and children (as appropriate for their age) on the importance of frequent handwashing, proper sneezing/cough etiquette, the use of hand sanitizers with at least 60% alcohol content, and give clear instructions to avoid touching hands to face. Organize routine handwashing breaks and always wash hands before and after meals, indoor play, and outdoor play, and after using the restroom.
- ☐ Train all employees on [COVID-19 symptom detection](#), [common modes of COVID-19 transmission](#) (e.g., close exposure to a person infected, respiratory droplets, touching contaminated surfaces and then touching face), and [how to prevent COVID-19](#).
- ☐ Require employees, parents and children to not enter the facility and quarantine per Hawai'i public health guidelines if exposed to COVID-19.
- ☐ Update sick policy to include COVID-19 and have each parent sign off that they understand the amended sick policy.

Facility Safety

- ☐ Log all visitors (including parents) for purposes of supporting contact tracing by the Hawai'i Department of Health.
- ☐ Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods.
- ☐ Ensure that all water systems and features (e.g., drinking fountains, sinks, toilets) are safe to use after a prolonged facility shutdown (i.e. flushing of water distribution systems). Encourage families and children to bring their own water bottles each day.
- ☐ Have trained back-up staff in order to maintain sufficient staffing levels or reduce the number of children in care if there is insufficient staffing .
- ☐ Throughout operations, ensure adequate supply and storage of necessary materials to meet PPE (face masks, gloves, etc.) and cleaning requirements.
- ☐ Communicate safety protocols to all employees, including appropriate points of contact (e.g., local officials) to report violations of protocols.
- ☐ Develop a procedure to send home individuals with any flu-like symptoms or high temperatures and keep them separate from other children until they can be picked up. Call parents for immediate pick-up. If it is an emergency, call 911 for immediate treatment.
- ☐ Identify an area to separate anyone who exhibits flu-like symptoms during hours of

operation and ensure that children are not left without adult supervision.

- ☐ Notify local health officials, your assigned child care licensing worker, staff, and families immediately of any possible child, visitor or staff case of COVID-19 while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).

Child and Parent Expectations

- ☐ Post signs throughout the facility for employees, children and parents on shared responsibilities (including proper hygiene and sanitization, face coverings, physical distancing, and information for reporting concerns).
- ☐ Make safety protocols publicly available for employees and parents.
- ☐ Use communication methods (e.g., email, video conference, text, notices) to educate all families on the new protocols and what to expect when at the facility.
- ☐ Update family emergency contact information.
- ☐ Share COVID-19 related program policies with families and inform families how to notify the facility if they have had contact with COVID-19 patients.
- ☐ Continue to make resources available to families to address social-emotional and other needs.
- ☐ Provide CDC approved information regarding COVID-19 vaccines and encourage all eligible family members to be up-to-date with the vaccines.

Employee Support

- ☐ Communicate with employees regularly and seek employee feedback on an ongoing basis.
- ☐ Review training after Day One by providing ongoing methods of additional training to reinforce messaging and changes to policies or procedures.
- ☐ Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- ☐ Ensure all staff have adequate sanitizing supplies and PPE equipment.
- ☐ Keep a daily checklist of cleaning and sanitizing responsibilities to be used by employees.
- ☐ Train all employees on leave benefit options and policies.
- ☐ Provide CDC approved information regarding COVID-19 vaccines and encourage all employees to be fully vaccinated.

Isolation and Quarantine

- ☐ **Isolation** is used to separate individuals who have tested positive for Covid-19 **or** who have Covid-19 symptoms, regardless of their vaccination status.
 - Children who test positive or develops COVID-19 symptoms, regardless of age or vaccination status, shall isolate by staying home for 10 days.
 - Children who isolate may return on the 11th day if they do not have fever in a 24-hour period without using fever-reducing medications and other symptoms of COVID-19 have improved.
 - Staff who test positive for COVID-19 or has symptoms, shall stay home and isolate for 5 days regardless of vaccination status.
 - If they had symptoms, they may end isolation after 5 full days and return on the 6th day if they are fever free for 24 hours (without the use of fever-reducing medication) and symptoms are improving.
 - If they did NOT have symptoms, they may end isolation after 5 full days and return to school on the 6th day.
 - A well-fitting mask should be worn at all times in school settings.
 - Day 0 in calculating isolation period is the day the positive test was taken (if asymptomatic) or the onset of COVID-19 symptoms

- Children in before and after school facilities that are enrolled in Kindergarten and above shall follow the [Home-Isolation-and-Quarantine-Guidance-for-Schools.pdf](#) for isolation.
- ❑ **Quarantine** is used to prevent the transmission of COVID-19 by keeping people in close contact with someone with COVID-19 apart from others.
 - **Close Contact** is defined as someone who has been within 6 feet of a person with COVID-19 for 15 minutes or more, or within 3 feet for students in a classroom over a 24-hour period (regardless of mask use).
 - Staff who are up to date with their COVID-19 vaccinations identified as close contacts do not need to quarantine but should get tested on the 5th day after exposure. If they develop symptoms, they should immediately isolate and get tested.
 - PCR, Rapid and home tests are acceptable
 - Staff who are not up to date with their COVID-19 vaccinations, shall quarantine for 5 days and can return on the 6th day if they are symptom free and provide a negative test result. Persons who refuse to test shall quarantine 10 full days.
 - Children under 2 years of age, or under 5 years who are unable to wear masks consistently and correctly, who are identified as close contacts shall quarantine for 10 days and may return on the 11th day if they do not develop symptoms. Day 0 starts from the day of exposure to a person with COVID-19
 - Children 2 years and older who can wear masks correctly and consistently, who are identified as close contacts shall quarantine for 5 days and may return on Day 6 with a negative test if they do not develop symptoms.
 - Children should get tested at least 5 days after exposure.
 - Persons who are identified as a close contact, who had tested positive within the last 90 days of exposure, do not have to quarantine unless they develop symptoms.
 - Upon the onset of symptoms, they should isolate immediately and get tested.
 - Children in before and after school facilities that are enrolled in Kindergarten and above who are identified as close contacts shall follow the [Home-Isolation-and-Quarantine-Guidance-for-Schools.pdf](#) for quarantine.